

Borough of Kendal



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1965

Stricklandgate House, P.O. Box 18, Kendal

Telephone Number: Kendal 1296

KENDAL

TITUS WILSON & SON, LTD.

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NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Borough in acres	3,705
Population at 1961 Census	18,599
Population (Registrar-General's mid year estimate)...	18,800
Inhabited houses	7,019
Rateable Value	£740,860
Product of a Penny Rate	£3,050
Rate in the Pound levied	11/10d.
of which the County Rate was	8/1d.

Kendal is picturesquely situated in the valley of the River Kent, the greater part being on the west bank built on ground rising steeply in a series of terraced streets up Kendal Fell to about 500 feet above sea level. The buildings on the east bank are situated on undulating lowlands rising from 137 feet to 200 feet contour. The dale of Kendal runs north to south with the level of the eastern boundary varying between 500 and 600 feet and the western boundary between 300 and 600 feet above sea level.

The geology of the Borough is sharply divided by the Fellside. The steep eminence of Kendal Fell on the west is composed of carboniferous limestone which represent remains of the dome which once covered the Lake District, and the sharp division is caused by a fault in this system. To the east of this fault denudation has taken place and the out-cropping rocks are Kirkby Moor Flags of the Upper Ludlow Series of the Silurian System. Alluvial deposits and some Basement Conglomerates form the small northern area of the Borough.

The climate is mild and invigorating, the town is sheltered by the Fell from the prevailing westerly winds, and the open aspect to the south provides full access to sunlight. Temperature gradient inversions are frequent at night but are soon dispelled in the mornings. The rainfall normally varies between 50 and 55 inches a year and light falls of snow may be expected for one or two weeks in the late winter. The low-lying land in the north of the Borough is liable to flooding when the River Kent is in spate.

Economically Kendal serves a treble function. Primarily it is a market town, being situated in the heart of the southern portion of Westmorland and the centre of a large agricultural community within a radius of some eight miles. Secondly it is an important stopping place on the main A.6 road, where the heavy volume of motor traffic from the South divides into the portion destined for Scotland over Shap, and the portion heading for the Lake District. The former includes a

high proportion of heavy lorry traffic which uses Kendal as a regular overnight staging point, and the latter includes a very seasonal peak-load of tourist traffic. Thirdly Kendal has become an important centre for light industries which have guaranteed constant employment to the inhabitants and brought considerable prosperity to the town.

The local industries include a wide variety of manufacturing processes. There are factories for boots and shoes, hosiery and shirts, carpets, tobacco and snuff, woollen mills, breweries, stone and lime works, engineering works, and processing establishments for cream and milk products.

In addition there are ample opportunities for employment in the shops, cafés, hotels, business premises, and laundries. At Oxenholme the inhabitants are mainly interested in the railway employment. The variety of these opportunities for both men and women has kept Kendal happily free from general unemployment and provided that economic security and prosperity which is a most important factor in the maintenance of the public health.

COMMITTEES.

The Minister of Health requires me to include a list of the Council's committees which are concerned with matters of public health.

The Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Property, Streets, and Tenancies Committees.

STAFF.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices
Madge, F. T. ..	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
Rigg, W. B. G. . .	F.R.S.H., F.A.P.H.I., Cert. S.I.B.	Chief Public Health Inspector	Whole	—
Major, J. H. ..	M.A.P.H.I., Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Davidson, R. C.	Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Edleston, R. ..	M.A.P.H.I. Cert. S.I.B.	Additional Public Health Inspector	Whole	—
Askew, J.	—	Clerk	Whole	—
Machell, B. M. . .	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

Staff Changes.

There were none during the year.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1964 for comparison.

Area of the District in acres 3,705

	1964	1965
Estimated civilian population (mid year) ..	18,730	18,800
Live Births. Legimate— males	165	155
females	151	152
Illegitimate— males	13	10
females	12	8
Total	341	325
Crude Rate per 1,000 population	18.2	17.3
Corrected Rate per 1,000 popula-		
tion	19.4	18.5
Birth Rate for England and		
Wales	18.4	18.1
Illegitimate Birth Rate per		
1,000 live births.	73.3	55.4
Still Births. Legitimate— males	5	2
females	5	2
Illegitimate— males	—	—
females	—	—
Total	10	4
Total (live and still) births ..	351	329
Rate per 1,000 total (live and		
still) births	28.5	12.2
Rate for England and Wales ..	16.3	15.7
Deaths. males	138	135
females	127	122
Total	265	257
Crude Rate per 1,000 population ..	14.1	13.7
Corrected Rate per 1,000 population	12.8	12.3
Rate for England and Wales ..	11.3	11.5

	1964	1965
Infantile Deaths (under 1 year)		
Total deaths under 1 year.. ..	7	7
Rate per 1,000 live births	20.5	21.5
Rate for England and Wales	20.6	19.0
Legitimate	6	5
Rate per 1,000 legitimate live births	19	16.3
Illegitimate	1	2
Rate per 1,000 illegitimate live births	40	111
Neonatal Deaths (under 4 weeks)		
Total neonatal deaths	7	2
Rate per 1,000 live births	20.5	6.2
Rate for England and Wales	13.8	13.0
Early Neonatal Deaths (under 1 week):		
Total early neonatal deaths	7	2
Rate per 1,000 live births	20.5	6.2
Perinatal Mortality		
Stillbirths and deaths under		
1 week.. .. .	17	6
Rate per 1,000 total (live and		
still) births	48.4	18.2
Maternal Mortality:		
Total Deaths	—	—
Rate per 1,000 total (live and		
still) births	—	—
Rate for England and Wales	0.25	0.25

Deaths from certain causes:—	1964.	1965.
Cancer	52	50
Measles	Nil	1
Whooping Cough	Nil	Nil

The main causes of death were:—		
Heart Disease ... ..	...	84
Cancer ... ..	...	50
Vascular lesions of nervous system ... ..	...	45

COMMENTARY ON THE VITAL STATISTICS.

The population at the 1961 Census numbered 18,599 persons, comprising 8,603 males and 9,996 females, a net increase of only 58 persons during the ten years since the previous Census. The previous rate of vigorous growth in Kendal Borough has slowed down during the past ten years to a virtual standstill.

Yet in those same ten years between 1951 and 1961 there were 201 more births than deaths amongst our Kendal residents. So it means that a net total of 143 people emigrated out of the town to live elsewhere.

Kendal has also a higher proportion of elderly people than the national average. In England and Wales the percentage of the population over 65 years of age was 11.9%, whereas it was 14.2% in Kendal.

In more practical terms, out of our population of 18,599 we had 2,636 people over 65 years of age. 1,711 of them were women, and only 925 were men. Most of them were widowed or single.

These figures mean that the younger age groups will have to keep awake to provide the community support which elderly people need to make their survival achievements worthwhile.

Death Rate.

The death rate was above the average for the rest of England and Wales, even after correction for the effect of our elderly population.

Birth Rate.

The birth rate was around the national level, and is increasing.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance offices. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating. The general level is some measure of the local community health.

It is pleasing to record that the notification of infectious diseases has been much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department.

Measles provided the greatest number of notifications during 1965. There were two separate outbreaks: a small one between March and May, and then a larger one which started with the school term in September and went on past the year end. One child died.

Paratyphoid B. Fever came to us during 1965, with two different types of the germ, each presenting its own set of public health problems for control.

The first episode happened in the middle of the summer, when two Kendal families brought paratyphoid B (type 3 b. Var. 6) infection back with them from Blackpool, where there was then the big milk-borne outbreak in the Fylde. One member of each family was still dangerously infectious, and some of the other members appeared to be in various stages of recovery. They all co-operated cheerfully with the tedious control measures and eventually responded safely to medical treatment. Thanks to their care, there was no further local spread.

The second episode occurred later in the summer when we found heavy outpourings of live paratyphoid B (taunton type) germs in the stream outfalls at the toddlers' paddling places at Gooseholme, and also in Stock Beck and the sewers alongside Castle Street Primary School. The water is apt to back up to flood the school playground when the river is high, and children occasionally go into the beck to retrieve balls and such like. We spent the rest of the year tracking back up the sewers to find the unknown carrier, and eventually located her over a mile away in 1966.

NOTIFIABLE DISEASES TABLE.

DISEASE	Total	Ages											Admitted to Hospital	Deaths	
		I-	I-	2-	3-	4-	5-	10-	15-	20-	35-	45-			65-
Measles	336	8	39	46	58	45	135	4	-	-	-	-	I	I	I
Whooping Cough ..	10	-	-	-	3	I	5	-	-	I	-	-	-	-	-
Scarlet Fever ..	4	-	-	-	-	2	2	-	-	-	-	-	-	-	-
Typhoid Fever ..	2	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Paratyphoid Fever ..	2	-	-	-	-	-	I	-	-	-	I	-	-	I	-
Puerperal Pyrexia ..	I	-	-	-	-	-	-	-	I	-	-	-	-	-	-
TOTAL	355	8	39	46	61	48	143	4	I	I	I	2	I	4	I

Typhoid Fever

Typhoid fever presented a much more serious problem. For three years out of the past four we have had typhoid fever smouldering in and around Kendal. All have been due to the same degraded Vi strain of organism, and therefore must have had some common epidemiological link.

In 1965 two clinical cases of typhoid fever occurred in Kendal during the late summer. A man and his wife both had to be admitted to the isolation hospital for protracted treatment. Our investigations showed live typhoid germs coming down the beck to the place where this man worked, and he used the water for washing his equipment. Both patients eventually made a good recovery and now seem safe. A lot of stringent control measures were clamped on the infected household, the relatives and workmates, and there was no further direct spread of infection from that family.

Our investigations revealed also that live typhoid germs were flowing copiously down the public sewers in various areas of Kendal, so we started a comprehensive programme of putting test swabs in the manholes for a long-term search for more unknown typhoid carriers. We were hard at the job by the end of the year, on an exciting hunt which was destined to unmask two carriers in the following year. 1965 was only the start of what will turn out to be a long story when it can be told.

But back in the autumn of 1965 we were faced with the fact of live typhoid germs flowing down the sewer all along the riverside walks from Victoria Bridge to Abbot Hall, with lots of broken sewers and open connections in the demolition ravaged areas of central urban redevelopment, just behind the main frontages of food stores, shops and restaurants.

And we were rather heavily infested with rats at the time. Whenever the level of the river rose the rats were forced out of the sewers. Moreover they came out to feed at night and carried the typhoid germs in the sewer slime on their fur. We were worried about spreading it on to the human food when the rats were foraging.

Moreover, the central areas of Kendal were in a dangerously dirty state, with piles of putrescent refuse, old bedding, and excreta, dumped haphazardly on the slum clearance sites and in empty cottages. We were worried at the vast opportunities for rat harbourage and breeding, and the additional risks of flies and bluebottles carrying typhoid to the human food during a warm sultry autumn.

We started a vigorous blitz against the rats throughout the town, with the help and advice of the pest control officers of the Ministry

of Agriculture, Fisheries and Food, and we employed the poisoning services of a firm of specialist private contractors. This firm would have liked to use the rapid acting fluoracetamide poisons, but I could not sanction such dangerous materials with Kendal's sewers being so broken and open in the vicinity of food shops: we could not risk poisoning people and their pets as well. We had to use slower methods. By the end of the year the rats were almost felled.

Meanwhile we organized a publicity campaign to clean up the central areas of Kendal. All along the line of shops and offices, the public health inspectors went in like ferrets to bolt enormous hoards of insanitary junk from attics, cellars and warehouses. We went on television, radio and the local press to coax out still more hoards of junk from private houses and backyards. We organized a mammoth civic bonfire which burned for over a month on one of the central slum clearance sites, and with the gimmick slogans, "Burna Loada Germsa Day", we got rid of tons of dirty rubbish from the vicinity of the main food shops which supply Kendal and the wide surrounding countryside.

Although in our quieter moments we might blush for some of the enthusiastic excesses of the local population with the civic bonfire, it obviously satisfied some primitive urge to purify with fire and make burnt offerings, even if our typhoid visitations could hardly be dignified as pestilence. And Kendal looked and smelt a lot sweeter for its 1965 going over.

But when all is said and done, to have typhoid fever cases in three years out of four, and to have carriers loose around the town is just not good enough for England in the middle of the 20th century. We shall have to pursue this battle relentlessly until we can fettle the typhoid germs as well as the rats.

For the success of our campaign against typhoid fever I should like to pay especial tribute to our Kendal public health inspectors who worked tirelessly to clean up the town, to keep controls clamped tightly round the infected areas, and to track down the carriers. Also especially Dr. L. Robertson, the Director of the Public Health Laboratory at Preston, and his staff, who came out into the field with us to plan our tactical moves and who coped with an enormous load of extra work on the material which we sent to the laboratory.

Also to my medical friends and colleagues in general practice who helped to trace cases and carriers of typhoid, and then undertook to treat them and make them safe.

My thanks are due to the press and the television and radio authorities for all the aid of their modern communications media in

getting across the messages of preventive medicine to help people to help themselves in the quickest possible way.

And not last, I was most grateful for the help, support and encouragement of Kendal Council in operating control measures which were not altogether palatable: especially to the Chairman of the Public Health Committee for lighting the civic bonfire in front of the television cameras. And to the citizens of Kendal for rolling up their sleeves and getting cracking with buckets and mops. In fact to everybody who came into battle on our side against typhoid, flies and rats. A good show all round.

TUBERCULOSIS.

Tuberculosis is still an important communicable disease. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold; to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

One of the most effective ways of finding the sources of infection is mass radiography. I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it also provides an early warning against many other chest conditions, lung cancer, and certain heart diseases.

It is equally important to discover the non-active cases of tuberculosis, so that we can do all in our power to prevent them breaking down into an infectious state. So, too, with cancer of the lung, in order to secure the best chance of operative treatment.

The Manchester Regional Hospital Board now aim to send a Mass Radiography Unit for a short visit every year to each of the main centres of population in their area. I am particularly happy that Kendal has been selected as one of the places for an annual visit. It will serve both the Borough and much of the surrounding countryside, which otherwise would have to wait for the Unit's more extended tour around the villages every three or four years.

The plan for the Unit's annual visit to Kendal is quite flexible. It aims to offer a special programme for each of the town's main industries every three years. Consequently, each annual visit will make special cover of one-third of the industries as well as being available for some general public sessions and some special consultant sessions.

Thus for each of the two years there will be concentration upon the main industrial workers and only a short time for public sessions. In the third year of the programme there will be completion of the smaller industries, and much more time devoted to the general public. It is really a matter of deploying time and staff and money to the best advantage.

People who have been X-rayed are notified by post if the results are satisfactory. But if any abnormalities are found the patient's own family doctor is informed so that he can best explain the findings and arrange any treatment that may be needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception in our townships and villages, and encourage our local people to turn up in full force for their chest X-rays.

The 1965 visit of the Mass Radiography Unit was arranged primarily for the general public, and 1,404 people volunteered. This was about half the usual number done in industrial visit years, but five people were referred for further special examinations and one previously unknown case of tuberculosis was discovered. Catching one now could well save nine later.

Preventing the spread of infection is helped by prompt treatment and supervision. Waiting-time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

TUBERCULOSIS TABLE.

Age Periods	NEW CASES				DEATHS			
	Respira- tory		Non-res- piratory		Respira- tory		Non-res- piratory	
	M	F	M	F	M	F	M	F
0 ..	—	—	—	—	—	—	—	—
1 ..	—	—	—	—	—	—	—	—
5 ..	1	—	—	—	—	—	—	—
15 ..	1	1	—	—	—	—	—	—
25 ..	—	—	—	1	—	—	—	—
35 ..	1	1	—	1	—	—	—	—
45 ..	1	—	—	—	—	—	—	—
55 ..	—	—	—	—	—	—	—	—
65 ..	—	—	—	—	—	—	—	—
Total ..	4	2	—	2	—	—	—	—

The number of tuberculosis patients at the year end were:—

		1964.	1965.
Respiratory	...	63	55
Non-Respiratory	...	7	7
		—	—
		70	62
		—	—

The Hospital Services.

National Health Service Act, 1946. Part II.

The Borough lies in the area of the Manchester Regional Hospital Board, and most of the general needs of our local people have historically been met by the Westmorland County Hospital at Kendal. Some of the more specialised services have always had to be referred to distant centres. That has always been understood and accepted by our local community.

But in recent years there have been signs that our local folk may be forced to rely more and more on Lancaster, and less on Kendal. Some people think that Westmorland risks being left rather ill-served if the hospital services concentrate themselves on distant Lancaster and Carlisle. There is a lot of territory in between, and public transport communications are not at all easy for out-patients and visiting relatives to get to those hospitals and home again the same day.

With the publication of the Government's Hospital Plan and the consequent press comment and political pressures, the Regional Hospital Boards became noticeably much more sensitive to public opinion. There are a lot of local questions to be settled: some have been answered for the time being: some are being argued out now: some will have to be soon.

For example, in 1961 we obtained the assurance from the Manchester Regional Hospital Board that Helme Chase should continue as a general practitioner maternity home, and that some obstetric consultant services should continue to be available in Westmorland. Public sentiment seemed to be particularly strong about preserving some maternity beds in a place where the local women wanted them.

Under very critical review at the present time is the Manchester Regional Hospital Board's policy for providing geriatric and chronic sick beds in the Kendal neighbourhood. There are three main points at issue; the state of the present hospital buildings at Kendal Green, the total number of geriatric beds locally, and the long-term future provision of chronic sick and geriatric beds within the Borough of Kendal or its very close vicinity.

During 1964 the Manchester Regional Hospital Board conducted a review of all the geriatric services in the southern half of Westmorland. Evidence was given by many local authorities, professions and other organisations. We put our case very strongly, and we shall await the outcome with interest and be ready for renewed action. Meanwhile we welcome the continued improvements at Kendal Green Hospital.

These hospital problems are just as much a matter of environmental public health for our own Local Authorities, as they are administrative exercises for the Regional Hospital Boards. I believe that it does matter very deeply where our old folks are looked after when they fall ill: somewhere where they will go cheerfully, keep in touch with home: not just swept away out of sight. I believe that relatives and friends should easily be able to visit the hospital: to leave their homes running for the short time while they are out: not to spend hours and hours travelling on the scanty rural bus services and curtailed railways, coping with darkness and winter weather, weariness and worry.

So too, it behoves us to keep a watchful eye upon the future existence and functions of the Westmorland County Hospital, and the services which we can obtain there. We cannot afford to sleep in at a time when radical changes are being discussed out of earshot across our borders. I believe that Westmorland deserves a lot of extra thought and care in planning the hospital services: and it seems worthwhile going on saying so.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946. Parts II and III.

Hospital accommodation for infectious diseases is provided by the Manchester Regional Hospital Board at Beaumont Hospital, Lancaster. Smallpox cases will be admitted to the Ainsworth Smallpox Hospital, near Bury.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council and is based in Kendal.

Disinfection Arrangements.

Disinfection in connection with infectious diseases or for other public health reasons was carried out in no houses during the year. There is a steam disinfector at Parkside Road.

HOUSING.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

The Pattern of Living.

At the time of the 1961 Census there were 18,541 people living in Kendal. 17,923 of them were organised into a settled pattern of 6,252 private households, and the other 618 individuals were more fancy free.

A lot of houses in Kendal are occupied by only one or two persons. The 1961 Census revealed that 901 houses contained only one occupier, and that another 1,957 houses had only two people living in them. Thus over one-third of the houses in the town would seem to be under-occupied for their size.

The Pattern of Housing.

I reckon that about a third of Kendal's houses are under 20 years old, having been built since the 1939-45 war, and therefore well equipped with modern amenities. 1,134 of them were built by Kendal Corporation, mainly on the Hallgarth and Sandylands estates, and about another 737 were provided by private enterprise on various sites scattered throughout the town and its fringes.

The middle third of Kendal's houses are between 27 and 48 years old. They include the Kendal Corporation Estates at Castle Grove, Rinkfield and Kirkbarrow, and sundry smaller sites, as well as quite a lot of houses put up by private enterprise. The older components of this group lack modern amenities to varying minor extent, due to the lower standards of these times and the price limitations. Most of this group seem well worth improving. The more recent pre-war houses were built to better standards and do not yet present much problem.

Most of the remaining third of Kendal's houses were built before the First World War and many back through the Edwardian and late Victorian eras to a hundred years ago. Many of these lack the full range of modern amenities, are awkward in design, and are showing increasing signs of perishing fabric. Some of them in the 80 to 100 years bracket are getting to the stage when they will not be worth

saving. They will constitute the clearance problems of the next twenty-five years ahead from now.

A small number now remaining of Kendal houses were built more than 100 years ago. They are mostly in very poor structural condition, badly arranged in yards and jumbled corners, lacking in modern amenities, and many of them already condemned. Some may be preserved for architectural or historic interest, some may be saved by opening up the surrounding area, many are being converted to non-habitation uses, many are awaiting demolition. Picturesque though they may look, there is not much hope for century-old substandard hovels of a bygone way of life. Certainly not to expect people to go on living in them.

This age-group division of houses into thirds is only a rough guide to the pattern of housing in Kendal. Every year sees a change as new houses spring up, and the old ones decay: and as our slum clearance schemes sweep away the ruins. On the other hand it provides a base for some sort of a long-term view from the present day to the end of this 20th century: not so far ahead.

But the pattern of Kendal's housing can no longer be looked for only within the Borough boundary. That would be an unrealistic, short-sighted view, quite out of touch with the facts of modern life. The internal combustion-engine changed all that two generations ago. The neighbouring areas of South Westmorland and Windermere are considerably used as dormitories for Kendal: we know the figures for commuters. This overspill must be taken into account for the proper understanding of Kendal's place in the economy of the southern half of the County of Westmorland. You cannot afford to forget it.

The General Picture of Slum Clearance.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 1,200 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but some of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards.

In addition to those formal actions there have been a very creditable number of informal schemes either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity, the sooner it is swept away the better.

Change and Decay.

During the nineteen-fifties, decay proceeded very rapidly in the central areas of Kendal. The stage had been reached when most of the poorer 18th-century buildings, and many of the early 19th, were in jeopardy. Their mortar had perished, the soft stones were crumbling, and the woodwork had rotted. The end of the natural life of the building materials had been accelerated by years of neglect in maintenance during the war and the following decade.

On various occasions I raised the question whether some of Kendal's traditional yards should be preserved for architectural or historical interest, but no-one was prepared to spend money on restoration. The property owners threw in their hands, and so your Council decided in 1955 to make a clean sweep of all the old slum houses and derelict buildings that lay hidden away behind the main streets of the town.

It was no easy matter for a small town the size of Kendal to declare boldly that it intended to condemn 550 houses, and get them all vacated within 20 years after the end of the war. It meant more than losing about 9% of the houses in the Borough at that time: in practical terms, it meant gutting out the whole centre of the town. Historical reasons had caused nearly all the ancient unfit cottages to be concentrated in the congested yards behind the main streets. But your Council of 1955 had the courage and the forethought to embark on a radical clearance programme from which there can be no turning back. It was the start of a surgical operation in Kendal.

The Slum Clearance Statutory Programmes.

Kendal made its real start with slum clearance in the nineteen-thirties, with some very successful results. The outbreak of war in 1939 caused a temporary hold-up, and we came out of the end of it with a backlog of 71 condemned houses still occupied or undemolished from the pre-war programmes.

Almost immediately after the end of the war in 1945 Kendal Council resumed the slum clearance programme with great vigour. Although many other parts of the country were standing still, we took condemnation action against a further 117 slum houses in the ten years between 1945 and 1955.

So by the time the rest of the country was ready to go ahead with submitting formal statutory slum clearance programmes, we were already deeply involved in coping with our 200 actions in progress. We therefore had a fine flying start.

The Government required your Council, under Section 1 of the Housing Repairs and Rents Act, 1954, to submit formal proposals for dealing with the estimated whole outstanding task of unfit houses in the Borough. Consequently your Council obtained the Minister's approval to complete the 200 actions in progress, plus a further 300 unfit houses: the whole 500 to be included in a Ten-Year Programme for completion by 31st December, 1965.

But by 1960 the Government recognised the inevitability of still more houses deteriorating into unfitness during the ten years while the Programme was running. The Minister called in Circular 2/60 for amended proposals to take these extra unfit houses into account, and he approved the 50 additional ones which your Council proposed to be completed by 31st December, 1965. All these details of the Ten-Year Programme are now by law on deposit for public inspection, and in fact not one formal objection was received to your proposals.

Although for the purposes of making periodical returns to the Ministry, we have to classify all these slum clearance actions into the various statutory programme periods . . . it is easier to think of the overall post-war slum clearance task in Kendal Borough as being 550 unfit houses to be dealt with during the twenty years between 1945 and 1965.

Consequently an improvised balance sheet has been drawn up to refresh the memories of how Kendal's twenty years' post-war slum clearance programme was calculated, and to show how far we have got by the end of the current year in dealing with the 550 unfit houses. It is printed on an adjacent page.

Slum Clearance Progress

Official representations achieved the target figure of 550 well ahead of the close of the 20 years' programme. In fact I represented an extra five houses for good measure. There will be more to come in future years, because we still have pockets of crumbling, tatty property around the town and they need pruning out.

The legal processes in the Town Clerk's department have also gone very well. 545 houses out of the 550 in the programme had been taken to the stage of local land charge by the target date at the end of 1965. Some of the conveyances for land acquisition under slum clearance compulsory purchase orders are rather protracted, but these are transient difficulties. Progress has been excellent.

Rehousing the occupiers from condemned houses has always been the notorious bottleneck in Kendal. In the early part of the 20 years'

KENDAL BOROUGH.

Position at 31st December, 1965.
The Target Date for the 20 Years' Programme.

Postwar Slum Clearance Programme Composition		Slum Clearance Progress	
Unoccupied houses still undemolished from prewar slum clearance actions	6	Action completed by demolition or conversion to other approved use	461
Occupied houses not yet vacated from prewar slum clearance actions	65	Vacant and awaiting demolition	44
Special case of Abbot Hall Square	12	Waiting rehousing from occupied condemned houses	40
Slum clearance actions started between the end of war 1945 and 31st December, 1954	117	Formal actions in progress. Occupiers will need rehousing	5
The Statutory 1956-65 Ten Year Programme actually commenced on 1st January, 1955	300		
The extra deteriorations added to the Statutory 1956-65 Programme per Circular 2/60	50		
	550		550
		Special Note: The number of families now needing rehousing from unfit houses before 31st December, 1965 is 45.	

slum clearance programme only a pitifully small proportion of available new tenancies were allocated for this need. Much better progress has been made in recent years, but rehousing is haphazard in practice, and leads to one or two families lingering on in a row of otherwise derelict houses. But all credit that 505 houses out of the 550 in the programme had been vacated by the target date. We now have to make good the arrears with the remaining 45 families waiting rehousing from condemned premises.

Pulling down has usually to await the vacation of all the houses in the block because most of them prop each other up. That is why the balance-sheet shows 44 empty houses awaiting demolition. These give us a lot of trouble. Some of them collapse on their own; some totter dangerously overhead; some get ravaged by thieves and vandals, or used by vagrants for dossing down. Some get used as rubbish dumps for stuff that the binmen will not take; some become battlegrounds for rats, stray cats, and kids. Kendal is forced to grin and bear it.

But waiting for the last occupiers to go to a Council house or their graves, before unleashing the bulldozers, is not the end of this slum clearance story. Too many demolished houses are left as piles of rubble, or untidy sites where car breakers or abandoners add to the local unauthorized rubbish dumps. Unless some intelligent redevelopment takes place promptly, the end result becomes little better than the original slum: people live round it instead of inside it.

The centre of Kendal looks a mess at the moment. The middle stages of any surgical operation always do look a mess. The remedy is to get it all over as quickly as possible and then the scars will heal. The face of new Kendal can smile afresh.

The Concept of Redevelopment.

To lay waste the centre of the town with such Cromwellian thoroughness would have been a sterile exercise had it not been accompanied by the faith that a new Kendal should arise out of the rubble of the old.

With the signing of the death warrant on each dark damp crumbling cottage, your Council have asked themselves not only what they were destroying, but what opportunities they were opening up for creating something more worthy of the spirit of our times and our faith for the future.

Seeing that the early construction of the M6 Motorway promises to divert the fantastic huge lorry loads which now inch their way through Kendal, and that the main western bypass will soon siphon off the Lake District traffic, it might be a good idea to get down now to

rethinking how our slum clearance sites could help what will be left.

It is only natural that the older citizens of Kendal should feel sad from time to time as the bulldozers flatten out another sentimental landmark. But a whole generation of young people have now grown up who have never known Kendal to look much better than a bombed town. They are the ones for whom we should be planning.

I feel sure that the young people of Kendal have powerful reserves of imaginative creative ability. I wish that they would be more vocal and forthcoming with ideas for the future of their town. After all, they are the ones who will be living in the place. Now is their chance to get with it. Will they accept the challenge?

Such things are the essence of public health, decent living, and a happy future. Kendal cannot afford to be looking backwards over its shoulder too much: it must look steadfastly forward to survive.

For the Record — 1965.

For the purposes of departmental record and returns, I have to set out the details of certain slum clearance actions taken during the current year:—

Closing Orders.

Housing Act, 1957. Section 18.

Nine closing orders were made during the year. 4 of the houses were unoccupied at the time and 3 more were vacated soon after. Including the carry over from earlier years, the total number of houses with closing orders and still occupied at 31st December was 4.

Many of these properties can usefully be converted for non-habitation use, and we need to keep a watch that the vacant ones do not become derelict.

Undertakings not to use for Human Habitation.

Housing Act, 1957. Section 16.

17 undertakings were accepted during the year. 3 of the houses were empty, and 4 became vacated later. The total number of occupied houses subject to such undertakings at the year end was 11, waiting for the tenants to be rehoused. Again there are useful conversion possibilities for these houses, and the same risks of becoming derelict.

Undertakings to execute remedial works.

Housing Act, 1957. Sections 16 and 18.

No offer was made for reconditioning of an unfit house under these sections of the Act. At the year end no such undertakings remained unsatisfied.

Demolition Orders.

Housing Act, 1957. Section 16.

Three demolition orders were made during the year. 3 houses subject to such orders were still occupied, and 10 were pulled down.

Clearance Areas.

Housing Act, 1957. Section 42.

Your Council have made good progress since the 1939-45 war with clearance areas in the more central parts of the town. Some have been completed, some are in the throes of physical clearance, and some are going through the statutory procedure.

During 1965 the Windermere Road Clearance Area was completed under a clearance order, and a nice tidy job was made by the owners.

Also during 1965 the Peppercorn Lane Clearance Area was completed, but the site has been left in a sorry state.

Another small clearance area in Gulfs Road has become a forgotten little pocket of derelict Corporation-owned property, with only one occupier still lingering in the block.

The North-East Highgate Clearance Area was made subject to a compulsory purchase order in 1962. There are 18 houses and some other premises in it, and the central New Bank Yard has become an ideological battleground for various preservationist movements. By the end of 1965 there were still 10 of these houses occupied, and 8 remained vacant.

Meanwhile the Kendal Civic Society members are preparing plans to retain New Bank Yard as a residential precinct. It remains to be seen whether acceptable modern housing standards can be achieved, and at what price, in terms of money, sacrifice of adjoining yards, and sterilization of land use for the next hundred years. I am keeping open-minded about the idea, although I doubt its feasibility.

The best news comes from the South-East Highgate Clearance Area. This was the largest zone of central decay in the town, and a compulsory purchase order was confirmed in 1960. At that time there were 89 houses and a lot of other dilapidated buildings, all crowded together in narrow sunless yards. When the site has been cleared, it will be redeveloped by Kendal Corporation for new houses and an attractive layout of roads, car parks, and open spaces. The designs have been prepared by a famous architect, and will restore a new life beat into the heart of Kendal.

Excellent progress continued throughout 1965. By the end of the year South-East Highgate had only 4 occupied houses left out of the original 89. Another 26 were vacant, awaiting the opportunity

for demolition, and 59 houses, plus a lot of derelict buildings had been pulled down. With any luck we should rehouse the remaining occupiers within the coming year, and then the bulldozers can be unleashed to flatten the last sordid traces of decay. Already the wild flowers are beginning to grow down there. Soon there will be houses and lighted windows, homes with hope in them, and the sound of human voices once again. This will be the new Kendal.

The next scheme in the pipeline was the Appleby Road Clearance Area, which received Ministerial confirmation of a clearance order during 1965. Seven out of the ten houses in the area were still occupied at the year end, and the other three were in a poor state, part of the front having fallen out of one of them. I hope that the occupiers of this terrace can soon be rehoused, and that this northern approach to Kendal can be tidied up.

Following close behind in the slum clearance 20 years' programme was a further small area between Allhallows Lane and Low Fellside. This had been delayed on and off since the late nineteen-fifties, so it was not until May 1965 that it was officially represented. Your Council resolved to deal with it under a compulsory purchase order. Various changes are now taking place in the area and the legal machinery is taking its course towards the usual Ministerial inquiry.

Looking back from the target date, over our 20 years' slum clearance programme, we made excellent progress with condemning the houses in all our clearance areas and had them confirmed successfully by the Ministers of Housing and Local Government. Rehousing the occupiers has been the worst obstacle to speedy demolition, and in most areas the redevelopment of the sites has lagged well behind their clearance. Time will remedy this.

The General Need for New Houses.

From a public health standpoint I naturally regard the building of more new houses as the only practicable way of finishing your slum clearance programme, and keeping pace with the further deteriorations which must inevitably occur as time goes by.

I also consider that the general public health of the town will be put to less risk when you can clear away all the dirty derelict empty cottages, dangerous loose masonry and tottering structures, the great piles of rubble, and all the rubbish and refuse which accumulates on these battlefields in the very centre of the town. Kendal would look a lot prettier, too.

But public health considerations go a lot deeper than the grosser manifestations of your housing shortage. It is easy to join the popular clamour for building more houses, but I do hope that Kendal will

remain clearheaded about the reasons why houses are wanted. I have dealt very fully with the slum clearance need, so I shall go on with a critical review of the other reasons which also have made an impact on the public health.

There are the families who have not a separate house of their own, and who have to share with others. These people have constituted the bulk of the applicants on your official housing waiting lists since the 1939-45 war. They have been awarded the bulk of the tenancy allocations for your Corporation estates.

At the time of the 1961 Census there were 106 private households sharing accommodation with others. I doubt if that is a true reflection of the social pattern, because of the way the Census question sheet was worded. I reckon that a lot more young family groups are living with their in-laws within a so-called household.

Although not every instance of living with in-laws becomes intolerable, most of the young people nowadays hanker for a home of their own: some of their hosts and hostesses yearn for a bit more peace, and their spare bedroom back. I consider that there are both physical and mental health factors involved in the rehousing claims of these people.

Then there are the people who are now living in quite good houses of their own, or even in Corporation houses, who would like to change it for something different. Some want to change to more modern houses: some would like a smaller place: some could do with a bit more room: some would prefer to live nearer the centre of the town: some yearn to move further out. The 1961 Census demonstrated a lot of under-occupation of houses.

I get the impression that this social inelasticity is partly due to the fact that about one-third of the houses in Kendal are owned by the Corporation, and that these are predominately three-bedroom, modern houses. This highly socialised system, while having put a damper on the old free market of supply and demand, has not yet devised an effective administrative machinery to encourage a more free interchange of houses either within the Borough or with local authorities outside.

This is a social defect which is having an ever increasing impact on the public health in Kendal for the domestic reasons I have mentioned. But it would be unrealistic to think that the remedy lies in building enough new houses of all shapes and sizes so that everyone can pick their fancy out of the empty rows.

But even after all these internal reshuffling problems have been worked out, there are still a lot of other people whose housing applica-

tions must be assessed in any intelligent long-term appreciation of Kendal's needs for building new houses. Your Council seem to be approaching the time when it will be in both your own interests and theirs to declare a policy about their claims. Kendal is standing at one of its major cross-roads in the nineteen-sixties.

Perhaps the first group to consider are the people who work in Kendal and commute daily from the dormitory areas of South Westmorland Rural District, Windermere, Lakes, and Sedbergh. Between 1,500 and 2,000 of them travel daily, and most of them have other members of their families at home. By no means all of them would choose to live in Kendal even if they could, but I reckon that a lot of them would really like to. Winter travel and summer holiday traffic can get most wearing to the physical and mental health of those who are forced to endure them regardless.

When you come to decide whether you want to coax the commuter class back into the town, you will have to take a lot of factors into consideration. You will ponder on the 1961 Census having revealed that your rate of growth has slowed down almost to a standstill during the past ten years for its population, that you are no longer the largest county district in Westmorland, that people have been emigrating nearly as fast as the births in the town. You will remind yourselves that the M6 Motorway will siphon off most of the Scottish passing-trade within a few years from now: that the Lakes traffic already diverts part of its trade at Levens Bridge, and that the remainder may be by-passed too; Kendal is going to have to do a bit of economic rethinking.

The next class to consider are the people who wish to live in Kendal for the sheer joy of it, or who wish to use it as a base for them to commute outside to work elsewhere. You may think that they have no great economic attraction for you, but it would be unkind to think of them as simply parasitic. But if they come, they will need houses.

But there is a final class which may turn out to be one of the most important in your long-term plans, the future labour force for this area: not only for your existing industries but also if you cherish any hopes for expansion. I regard the economic prosperity of Kendal as one of the most significant factors in maintaining the public health.

A conference was recently held in Kendal to discuss local employment and the housing needs of the employees of local industries. The Ministry of Labour pointed out that Kendal enjoyed one of the lowest unemployment rates in England, with a chronic shortage of labour, and several job vacancies for every applicant who was fit

to apply for such work. These jobs had been widely advertised in other parts of the country but they were not attractive unless housing could be guaranteed.

The Board of Trade was not prepared to sanction the issue of any more certificates for industrial development in Kendal, on account of the insufficient housing accommodation in the town. The local industrialists confirmed that they were being hampered by the labour shortage from even small expansions of their existing works, and that the recently erected factories had made matters worse. Kendal Council and South Westmorland Rural District Council declared that they were not prepared to build houses specifically for occupation by industrial workers. The private employers were advised to help themselves by forming their own Housing Associations. So that is where the industrial expansion of Kendal grinds to a halt.

But I cannot stray too far down the byways of Kendal's social scene, except to illustrate my very sincere belief that one cannot divorce public health from the ways in which our own folk keep a roof over their heads and bread and butter in their mouths.

The Special Needs for Old People.

When we were pressing the Regional Hospital Board to establish a goodly number of geriatric hospital beds in Kendal, we were reminded of our corresponding responsibility to provide sufficient and suitable houses for our own folk to go home to when they come out of hospital. They have a right to come back into the community. The hospital should have a two-way door.

I believe that there is justice in this argument. As a doctor, I endorse the idea that a hospital should be a place to go to for treatment, to be made well again, not simply a dumping ground for old folk who can no longer cope with the day-to-day difficulties of struggling along in substandard or unsuitable houses.

Both Kendal Corporation and voluntary organisations in the town have done a lot of good work in providing special houses for the elderly, but a lot more needs doing to keep pace with the increasing proportion of old people in the community.

I suggest that purpose-designed bungalows and ground-floor flats are still much needed, with low fittings, handrails, lever door-handles, easy gradient steps, and suchlike special fittings.

Although it is desirable to find sites in the level and more accessible parts of the town, I believe that the internal design of the home is even more important. That is where the elderly citizens will spend

most of their time. That is where we have the duty of helping them to make the best of life, and to overcome the increasing physical limitations of growing old.

I believe furthermore that the time has come for Kendal Borough to provide some groups of semi-dependency type houses for old people, with a resident welfare warden available in case of need. The degree of provision of communal facilities for laundries or guest rooms would be a matter of detail for decision in design. I am more concerned with the principle. It would relieve the burden on geriatric hospital beds, and upon the Welfare Hostels, besides conferring the gesture of at least semi-independence to the elderly citizens of Kendal. It would recognise their dignity. I urge you to think on such lines.

This Year's New Houses.

During the current year 67 new houses were built by the Corporation and 75 by private enterprise. This total of 142 completions was better than previous years. Alterations or conversions of existing buildings also produced a further 2 dwellings.

Most of the new Corporation houses were on the Sandylands Estate.

Housing Management.

The Corporation own 2,350 houses, which require increasing attention. Many visits were made by the Public Health Department during the year in connection with the public health aspects of housing management on the municipal estates. The rents of your houses range between 11/- and £1. 10s. od., exclusive of rates. The rateable values vary between £21 and £78.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rent and rates from the portion of their income which rightly belongs to the purchase of food. Domestic economy can effect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

Your Council offer a rent rebate scheme for cases of genuine financial hardship, and, of course, many tenants receive extra help from the National Assistance Board. There is now no reason why any person should be denied decent accommodation because of lack of money. Such is the Welfare State.

Verminous Houses.

Public Health Act, 1936. Sections 83-85.

Bed bugs were found in no houses. The Department checked the accommodation and effects of successful applicants prior to their removal to Council houses. In all cases where bed bugs are suspected the furniture and effects are removed by the Health Department and treated with cyanide before delivery. None needed it in 1965.

Pressure of other work on the Health Department will allow these inspections to be made only when the Housing Department consider that bugs are likely, and not as a routine measure for such a meagre harvest in these enlightened days.

Nuisances and Notices.

Public Health Act, 1936. Sections 91-100.

During the year 45 inspections of dwellinghouses and 130 inspections of yards were made, and 41 visits were made to investigate complaints in houses. The following action resulted:—

Preliminary Notices served	...	33
Statutory Notices served	...	0

In no case was it necessary to obtain an Abatement Order from the Court.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

The operation of these provisions lies with the Borough Engineer, as far as the formal procedures of the Act are applied, but the Health Department often has a co-incidental or separate interest in some of these premises.

There are a lot of dilapidated buildings and walls which seem either to present physical dangers or to be a deplorable spectacle. Most of them are within half a mile of the Town Hall, and some of them are Corporation owned.

The co-operation of all departments is needed to bring the necessary pressure to bear on people to do the right thing with their decrepit property, but standards are sadly low in Kendal, and it will probably take the Coroner's censure to jerk the conscience of those responsible for perpetuating the dangers to their fellow men and children.

Caravans.

Caravan Sites and Control of Development Act, 1960.

Normally caravans cause little trouble in the Borough, as most of them simply pass through on their way to other parts of the countryside. However, the new Act provides much better powers for controlling them to the mutual advantage of the caravanners and our local residents. 20 visits were made to caravan sites during the year.

One permanent residential site for 15 caravans is operated at Oxenholme. From the experience of other places you will have to be watchful that this encampment does not become yet another shanty-town. The site operators are certainly doing their best to cope with what they have taken on, and they are well aware of the risks, but such places can easily get out of control, and in the long run it might be your Council who would be left with the problem of rehousing the people on the site.

One individual caravan licence was issued during the year. It is the only one in force.

The only other organised site within the Borough is at Millcrest on the A6 Shap Road, for a maximum of five caravans, allowed under the Caravan Club certificate by paragraph 5 of the First Schedule of the Act. It is solely for touring caravans.

Tents, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

This type of licence now covers mainly the tented sites and there were none within the Borough.

WATER SUPPLIES.

Water Act, 1945.

Kendal has an abundant water supply from both overground and underground sources, as well as a connection to the Manchester Corporation aqueduct. In years when the rainfall is average, or better, the overground supplies usually meet the need, but they are limited by the relatively small area of the gathering grounds. The underground supply from the alluvial gravel beds of the Kent valley would probably be inexhaustible if developed more deeply, although the well is occasionally beaten by the more powerful pumps installed in recent years.

Since 1962 the public water supply has been administered by the Lakes and Lune Water Board, on which your Council has representation. I record my appreciation of the help and liaison maintained by the officers of the Board.

Your Council continues to have a parallel responsibility to check that the quality of the public water supplies is maintained safely for preserving the public health. Periodical tests are made on samples of water from consumers' taps within the Borough.

All the water is chlorinated, but no fluoride is added. The latest quality tests are set out in Appendix A at the end of this report.

There are only 35 houses in the Borough which do not obtain their water from the public mains, 13 of these are connected to the Thirlmere aqueduct and the remainder are served by wells and surface water private installations. I have no official knowledge of the quantity or quality of the private water supplies.

SEWERAGE.

Water Carriage.

Public Health Act, 1936. Section 47.

Almost all the houses in Kendal are fitted with waterborne sanitation. There are four trough-closets still lingering on.

Public Conveniences.

Public Health Act, 1936. Section 87.

Public conveniences fairly well serve the centre of the town. Proper supervision of conveniences is difficult and they have suffered much wanton damage by hooligans.

Your Council have been considering the provision of further public conveniences in various other parts of the town, and plans have been prepared.

Sewerage System.

Public Health Act, 1936. Section 14.

Most of the Borough is served by the public sewers, but about 143 houses remain dependent upon cesspools. Some of the sewers are overloaded and require enlargement.

Improvements are planned for enlarging and extending some of the sewers, but this work has to await the completion of enlarging the sewage disposal works.

Sewage Disposal.

Public Health Act, 1936. Section 15.

Sewage disposal is carried out at Wattsfield in the south of the Borough. These works were opened in 1909, with extensions in 1919-20, and the time has now been reached when the capacity is overloaded.

Your Council have therefore commenced a major reconstruction and enlargement of the sewage disposal works. It might be finished in 1966.

On account of the frequency of finding paratyphoid and typhoid organisms in the public sewer, all the Corporation sewer workers were advised to get themselves immunised with T.A.B. vaccine.

PUBLIC CLEANSING.

Refuse Collection.

Public Health Act, 1936. Section 72.

With very few exceptions in the remote parts of the Borough there is a weekly removal of refuse. Trade refuse is collected separately at an agreed scale of charges. I wish that everyone would use the service. Too many economizers collect their own little hoards of junk which lie rotting in the Borough, or they slink over the boundary in the dark and dump the stuff in all sorts of odd places around the Rural District.

From time immemorial the refuse collection and disposal service has been the responsibility of the Public Health Inspectorate, and I pay high tribute to the excellent way in which it has been done. But during 1965 it became essential to conserve the time and skill of the public health inspectors for coping with the increased load of professional duties. Consequently, on 1st April, 1965, the refuse collection and disposal service was transferred to the responsibility of the Borough Engineer and Surveyor.

Refuse Disposal.

Public Health Act, 1936. Section 76.

Controlled tipping is carried out in an exemplary manner at a short-term site at Cinder Ovens Field. It was started in September 1962 and is expected to last only about four years. It is just another of the makeshift arrangements we have been forced into during recent years, dodging about filling up odd holes and corners.

We should prefer to avoid such costly emergency schemes and settle down on some long-term site, where the preparatory costs can be spread over 20 or more years, and where we can put up some cover for our mechanical plant and our men to save trundling them back and forth each day.

Your Council made a valiant attempt to seek a long-term tip outside the Borough boundary but were vigorously repulsed by the inhabitants of South Westmorland Rural District. So driven back within the town, your Council got planning permission for some future tipping in part of the disused quarry on the Fell Estate at the top of the very steep hill on the western and windward side. Apart from the fact that it might last only about eight years, all your technical officers have pointed out the difficulties and expense of the site to develop and maintain. However, most difficulties can be overcome with plenty of money.

Meanwhile we shall have to cover ourselves by keeping up a continued search for a long-term site. No one of course is keen to have a refuse tip in their neighbourhood, and so we face all the battles of compulsory land purchase, local objections, and planning refusals, battles which we cannot shirk. The refuse must be put somewhere, and it needs everyone's good faith to do it.

Salvage of Waste Material.

Salvage of waste materials was continued during the year. So long as suitable materials are put out for collection and can easily be sorted, it may be economical and a fire safeguard to continue their salvage and sale.

Street Cleansing.

Public Health Act, 1936. Section 77.

The main streets are maintained by the staff of the Borough Engineer. The open-air markets cause considerable work but the general appearance of the roads is good. Quite another picture is seen in many of the yards lying behind the main frontage, to which the annual reports of my predecessors for the past eighty years have drawn attention. Kendal is a notorious place for setting up unauthorised refuse dumps in odd holes and corners all over the centre of the town. Any plot of vacant ground seems fair game for dumping trade refuse, dirty mattresses, rags, old ironwork and such like. All our departments keep up a running battle with these strange bequests. I can see no remedy until Kendal takes its redevelopment opportunities more seriously.

The Philosophy of Rubbish Removal.

It is high time that England did some rethinking about rubbish removal. It is not just a local problem: it is not just a recent one. The Battle of the Bins has been waging all over the country as a sort of Hundred Years' Civil War between the private citizen and his local authority. On what the binman will or will not take away.

Our nation spends thousands of pounds on anti-litter campaigns with television, radio, and press advertising, with slogans to keep Britain Tidy, and urging the citizen to take his litter home with him. But any honest-minded conformist will already be living on top of his own muck-heap at home.

He is already cluttered up with the broken old settee, the mattress grandpa died on, the smelly straw bedding from the pet rabbit's hutch, the pile of garden clippings that inexplicably will not turn themselves into compost, the old firegrate that the builders left behind, and three-quarters of a television aerial. Those are the bits which have been propped up beside the bin for several years. The citizen is sure he does not want them. So is the binman. Sam and his musket all over again.

But the pile by the bin is only the tip of the iceberg. Our conformist citizen has attics and cellars and store-rooms crammed tight with useless junk. We see them constantly, when clearing a house after the last survivor of a family, or when coping with rats and mice, or following after the fire brigade, or simply on routine inspections. I sometimes say that I am the medical officer of health to a tribe of squirrels.

Shops and warehouses are often just as bad, with fantastic squirrels' nests of obsolete shop-fittings, unsaleable stock, and sheer rubbish, all taking up valuable commercial space on which the trader is paying high rates, and either rent or interest on capital. If he wishes to waste money that way it is his business, but if his rubbish is dangerous to the public health it is mine too. So we are forced into battle against fundamentally well-minded people who have been at their wits' end to know what to do with the things the binman will not take.

The less scrupulous sleep more easily at night because they have won their battle of wits with the local authority. Earlier in the evening they have dumped their old settees on some vacant plot of land, the footpath behind the church, or a roadside verge outside the town. The rabbit-hutch cleanings get kicked out on the road; the garden rubbish is tipped round from place to place, gathering all sorts of undesirable extras as it goes. The old fireplace gets smashed up by kids to make ammunition for the windows of empty houses. The old television aerial gets thrown into the river. It is marvellous how everyone denies any responsibility for the things we find around. And nobody ever wants to pick them up. The spirit of Sam is too deeply ingrained.

If all these abuses were limited to destroying the beauty of the scenery, I should just feel a bit sad, and then shrug my shoulders at the poor taste of a community which tolerated such a way of life. But I see it all with medical eyes, knowing full well that typhoid fever smoulders round the town, that rats are wallowing in it all, and that I must battle on for the sake of both the righteous and the unrighteous. We really need the inspiration of both the Pied Piper of Hamelin and Joan of Arc.

So if Britain ever faces up squarely to the idea of keeping itself tidy, there will certainly have to be some radical rethinking about who shifts what. Too much effort is now being wasted on devising reasons for not doing things.

I make a plea for a much more liberal attitude to be adopted by local authorities about what they will collect from citizens' homes: much less choosy about what will not fit into the bin, or even what will. And that also applies now to old motor-cars, the largest public litter since horses died out.

I make a plea for a much more attractive scheme for collecting trade refuse. Even as a tax allowable business expense, the present services do not in practice prevent dangerously insanitary hoarding, and piles of rubbish, offensive backyard bonfires, and clandestine dumping on someone else's land.

I make a plea for street scavenging to be extended to all alleyways, footpaths and urban open spaces to which the public have access in fact, if not in law, without too much standing on ceremony about whose legal duty it may be to pick up the muck or the musket. Everyone is in public health peril if it stays where it is, on the ground.

One hundred years of legislation about rubbish have been little more than a sick headache in most towns. I suggest that the only effective treatment for British local authorities and the general public will be to knock their heads together and see if some commonsense comes out to find an effective way to get rid safely of all the waste products of this so-called consumer civilization.

Here in Kendal we have our own special urgency to clean up the town and keep it sweet and safe. Perhaps we can give some sort of a lead to the nation?

FOOD AND DRUGS.

General Powers.

Food and Drugs Act, 1955.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

Precautions against Contamination.

The Food Hygiene (General) Regulations, 1960.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. The good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that high standards will reduce these preventable diseases.

Food Trade Categories.

Food Hygiene (General) Regulations, 1960.

The Minister requires me to furnish certain details about the categories of food trade carried on during the year. They are set out in the adjacent table.

Regulation 16 relates to the requirement for providing wash-hand basins, and Regulation 19 relates to the requirements for providing facilities for washing food and equipment used in food businesses.

Services under the Food and Drugs Act, 1955.

Food Hygiene (General) Regulations, 1960.

Category of Premises	Number	Number fitted to comply with Reg. 16	Number to which Reg. 19 Applies	Number fitted to Comply with Reg. 19
Bakehouses	17	17	17	17
Licenced Hotels and Inns ..	32	32	23	23
Private Hotels	24	24	24	24
Off Licences	7	7	—	—
Industrial Canteens	14	14	14	14
Clubs	9	9	8	9
Restaurants, Cafes, Snack Bars ..	29	29	29	29
Fish and Chip Shops	6	6	6	6
Grocers	54	54	54	54
Fishmongers, Greengrocers ..	14	14	8	8
Butchers	20	20	20	20
Wholesale Depots	8	8	5	5
Manufacturers Bottlers Etc. ..	10	10	10	10
Others (Sweets Etc.)	25	(Figures Not Available)		

Ice-Cream Trade

Food and Drugs Act, 1955. Section 16.

Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

Manufacture by hot mix, cold mix, storage and sale ...	2
Manufacture by cold mix, storage and sale	2
Storage and sale only	101

During the year 34 visits of inspection were made to ice-cream premises. On the whole the position is reasonably satisfactory.

Prepared Meats.

Food and Drugs Act, 1955. Section 16.

The number of premises on the register under Section 16 of the Food and Drugs Act, 1955, used for the preparation of sausages, potted meat, preserved meat, pressed meat and pickled foods, was 53 at the year end. No particular difficulties have been encountered in these trades.

Liquid Eggs.

The Liquid Egg (Pasteurisation) Regulations, 1963.

There are no egg pasteurisation plants in the Borough.

Registration of Milk Distributors and Dairies which are not Dairy Farms.

Milk and Dairies Regulations, 1959.

Total number of registered Distributors	...	...	...	47
„ „ Dairies	...	...	...	5

Pathogenic Organisms in Milk.

Food and Drugs Act, 1955.

Biological and other test results on 87 samples taken by various Authorities, from sources in our area, continued to be passed to me. I have had no cause during the current year to serve any notices under the Milk and Dairies Regulations to restrict the sale of milk or the activities of milk-handlers.

With the eradication of bovine tuberculosis, it seems likely that the next milkborne disease to be tackled may be brucellosis. I believe that many human cases go unrecognized. No brucella organisms were found in the samples taken.

Licensed Slaughterhouses.

Food and Drugs Act, 1955. Part IV.

Slaughterhouses Act, 1958.

Slaughter of Animals Act, 1958.

The only slaughterhouse is the Corporation's public abattoir at Sandylands which also serves various neighbouring areas. The local authorities concerned share the operating cost. Almost the whole time of one public health inspector is spent on meat inspection.

Unfit meat is removed direct to manufacturers for sterilisation and processing into animal and poultry foods. We have a satisfactory local arrangement to check it: The condemned meat is stained with

Condemnation of Meat at the Abattoir.

Food and Drugs Act, 1955.

The following is a summary of the carcasses inspected and condemned in whole or in part:—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	3080	346	65	14,240	5,698
Number inspected ..	3080	346	65	14,240	5,698
<i>All diseases except Tuberculosis and Cysticerci:</i>					
Whole carcasses condemned	2	17	10	34	18
Carcasses of which some part or organ was condemned	82 (1)	41 (1)	9	180 (2)	412 (3)
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	2.7	16.8	29.2	1.50	7.55
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	2	—	—	2
Carcasses of which some part or organ was condemned	2	3	—	—	51
Percentage of number inspected affected with tuberculosis ..	0.06	1.45	—	—	0.93
<i>Cysticercosis:</i>					
Carcasses of which some part or organ was condemned	5	1	—	—	—
Carcasses submitted to treatment by refrigeration	5	1	—	—	—
Generalised and totally condemned	—	—	—	—	—

1. The following are not included in these figures: 509 livers and 566 part livers condemned for parasites, etc.
2. Not included in these are 1,038 livers infested with parasites.
3. Not included in these are 162 livers infested with parasites.

an indelible dye. A warning is necessary in the handling of such foods; care must be taken to keep all utensils and preparation benches separate from human food, and careful washing of hands after handling pets' food is advised to prevent contamination from infected meats.

Licensing of Slaughtermen.

23 licences were issued during the year. 11 were to regular slaughtermen and 12 to butchers who might wish to kill occasionally.

Knackers' Yards.

Food and Drugs Act, 1955. Part IV.

There are none.

Condemnation of Other Foodstuffs.

Food and Drugs Act, 1955.

The following foodstuffs were condemned in shops and warehouses:

- 333 tins of meat and vegetables.
- 1,945 packets of various foods.
- 51 lbs. of vegetables.
- 42 lbs. of meat.

This work involved 129 visits.

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Cinder Ovens tip.

GENERAL INSPECTIONS.

Establishment.

The establishment of the department was one Chief Public Health Inspector, three Additional Inspectors and one Clerk. The strength of the department was maintained for most of the year.

The Chief Inspector has, of necessity, considerable administrative duties in the running of his department, the preparation of material and attendance at your Committees, and his availability for outside duties was restricted. This is the usual position in most authorities.

The second inspector used to spend a lot of his time supervising the refuse service, but since 1st April, 1965, he has been able to devote his attentions to much more valuable work in typhoid and paratyphoid control and investigations. I regard it as essential to maintain an experienced senior inspector actually in the field.

The other two inspectors share the meat inspection duties at the abattoir and cover most of the general work of the department. The Clerk is allocated to spend half his time on Cemeteries administration and the rest on the other duties of the Health Department.

We are now able to maintain a better balance between operations and administration, and deploy our skilled resources to the best advantage.

Offensive Trades.

Public Health Act, 1936. Section 107.

The carrying out of the following offensive trades in the Borough has not given rise to any undue nuisance.

Fellmonger	...	...	...	1
Carcase Boilers	...	...	...	2
Tallow Melter	...	...	...	1
Gut Scraper	...	...	...	1
Rag and Bone Dealers	...	...	...	2

Factories.

Factories Act, 1961.

The register of factories has been completely revised and cross-checked with the records maintained by H.M. Inspector of Factories at Carlisle.

There were 149 factories on our register. 79 inspections were made by our staff. 4 notices were served and all were complied with.

Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspections.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	7	4	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authority	130	72	4	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	12	3	—	—
Total	149	79	4	—

Cases in which Defects were found.

Particulars.	Number of cases in which Defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied.	Referrred		
			To H.M. In- spector.	By H.M. In- spector.	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	4	4	—	2	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	4	4	—	2	—

No references were made to H.M. Inspector, and two were received from her. No prosecutions were required.

Five outworkers were notified to your Council by factory owners. All were in the clothing trade.

There are no recognised basement bakehouses in the Borough.

H.M. Inspector of Factories has been sent details of your Borough's administration of the relevant sections of Parts I and VIII of the Factories Act, 1961.

Offices and Shops.

Offices, Shops and Railway Premises Act, 1963.

This legislation came into force during 1964. It makes provision for the safety, health and welfare of people employed in these premises.

We made a good start with compiling the statutory register of such places, and at the year end 361 premises were registered. 202 of them have been initially inspected. 478 visits were made during the year, and 108 written notices and 27 verbal notices were served for contraventions discovered. There is a lot of work still to be done.

Common Lodging Houses.

Public Health Act, 1936. Part II.

The old common lodging-house at Waterside was closed during the year and is being pulled down for redevelopment of the area.

Rent Acts.

During the year no new application for a Certificate of Disrepair was received.

Several cases were noticed when the necessary entries prescribed by the Housing and Rent Restriction Acts were not entered in rent books. All these were rectified upon the department's intimation to the agents or landlords.

Smoke Abatement.

Clean Air Act, 1956.

Twenty-one visits were made for smoke abatement and most industrial firms have made commendable improvements. The problem of clean air for Kendal goes deeper than this.

Kendal's position in the Kent valley leads to the cooler air collecting in the lowlying parts at night. From any of the surrounding hillsides you can see how the natural ground mist is polluted by the smoke from domestic chimneys much more than by the industrial premises. Sometimes the valley is clear and sunny both north and

south of the town, while the central areas are dull, with soot in visible suspension in the air. The Hallgarth Estate is often particularly bad in this way.

I should like us to do all we can to see that Kendal's air pollution does not become any worse, and I hope that we may be able to improve it. With one-third of the houses in Kendal now in Corporation ownership, we seem to have a considerable responsibility.

I have recommended to your Council that all Corporation houses to be built in future should be designed for burning smokeless fuels, and that all the existing ones should be progressively converted in the same way.

I do not think that it requires buying a lot of elaborate smoke measuring gadgets and a special staff to run them. Anyone can see with their own eyes, from Windermere Road or Fellside, how the smoke from the household chimneys hangs as a pall over the town on calm days and nights. Sometimes you can even feel it in your lungs down town. Public opinion is growing that this should not be so.

Public Swimming Baths.

The Minister requires me to furnish particulars about public swimming baths. The only one in the Borough is owned and managed by Kendal Corporation. It is filled with fresh water from the public mains, and is then continuously circulated through filters and thoroughly chlorinated. Major structural alterations have recently been carried out.

Pet Animals Act, 1951.

Three shops were licensed. No particular difficulties were encountered in supervision.

Boarding Kennels.

Animal Boarding Establishment Act, 1963.

There are none in the Borough.

Pests Act, 1949.

During the year 770 premises were surveyed under the provisions of the Act. 54 premises were found to be infested by rats or mice and were treated by the department. 1,021 visits were made; 36 complaints were also investigated.

A special attack was made against rats in the Kendal sewers during the autumn of 1965 because of typhoid and paratyphoid germs flowing down constantly from cases and carriers in the town. A specialist firm was employed with good results.

National Assistance Act, 1948.

Section 47 — Compulsory Removal.

No Court Orders were sought during the year, but one case was under constant supervision.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

Special liaison is maintained with the Welfare Authority to prevent people from getting into such difficulties. Home-help services, hostels and partial dependency schemes may meet some of the problems. I hope that the harsh step of compulsory removal will be less needed as time goes by. It is so often tantamount to a death warrant.

Public Mortuary and Post-mortem Rooms.

Public Health Act, 1936. Section 198.

Your Council do not provide any public mortuaries or post-mortem rooms. Adequate facilities are available at the Westmorland County Hospital in Kendal by arrangement.

Burial Grounds.

Your municipal cemetery at Parkside Road is maintained in a creditable state. The one in Castle Street gives trouble from time to time: it is rarely used and the chapel is semi-derelict, headstones have deteriorated, and the grass is difficult to keep in proper order. I wish it could be closed.

Although there may not be any actual public health risks, I find it rather distasteful to see various burial grounds and cemeteries neglected around Kendal. It is the living who cause the public health nuisances, not the dead. I wish all these decrepit burial grounds could be tidied up and laid out pleasantly like the fine example set by Kendal Parish Church.

Laboratory Services.

The Public Health Laboratory Service establishments at Preston and Carlisle now serve this area, and do it very well. We are glad of their help.

My special thanks for 1965 are due to the Preston Public Health Laboratory which bore the brunt of all the extra work with our Kendal paratyphoid and typhoid investigations. It was a magnificent example of teamwork.

Byelaws.

Byelaws on public health matters are in force with regard to:--
Public Slaughterhouses.
Smoke Abatement.
Food Handling.

APPENDIX A
LABORATORY EXAMINATION OF PUBLIC WATER
SUPPLIES

Nature of Test	Standards Max.	Town's Main.
Pr. coli count 37°C ..	3-10	0
Faecal coli/strep ..		
Date Sampled last ..	—	14.12.65
Character	—	Clear
Reaction	—	7.4
Ammonical Nitrogen	.041	0
Albuminoid Nitrogen	.066	.09
Total Solids ..	1000	68
Hardness {	Total ..	36
	Carbonate	18
	Non-Carb.	18
Chlorides	30	10
Nitrates	1	.32
Nitrites	—	0
O.2 Absorbed ..	1	.80
Heavy Metals ..	—	n/a
Rainfall 24 hours ..	—	Nil
Date Sampled ..	—	10.3.64
Laboratory	—	Preston

Chemical analyses expressed in parts per million.

